

CLAIMS ONLY							Application Number 10/617639		Filing Date		
							Applicant(s)				
05-23-05							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1			/				51				
2				/			52				
3				/			53				
4				/			54				
5				/			55				
6				/			56				
7				/			57				
8				/			58				
9				/			59				
10				/			60				
11				/			61				
12			/				62				
13				/			63				
14				/			64				
15			X				65				
16							66				
17							67				
18							68				
19							69				
20							70				
21			/				71				
22			X				72				
23							73				
24				/			74				
25							75				
26							76				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			3				Total Indep				
Total Depend			13				Total Depend				
Total Claims			16				Total Claims				